



People Serving  
People

**CITY OF RIVERSIDE, CALIFORNIA**  
**Convalescent Transport Service**  
**Authorization Form**

Name of convalescent transport service: \_\_\_\_\_

Name of Passenger: \_\_\_\_\_

Passenger Address: \_\_\_\_\_

Telephone Number and Area Code: \_\_\_\_\_

Departure Point (address): \_\_\_\_\_

Arrival Point (address): \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Date of Trip: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Return Time: \_\_\_\_\_ Round Trip \_\_\_\_\_ One-way \_\_\_\_\_

**Passenger Certification:** I certify that I understand that the convalescent transport vehicle is not an ambulance and that ambulance services are not available in this type of vehicle.

\_\_\_\_\_  
(Signature)

**TO BE COMPLETED BY PHYSICIAN:**

Does this passenger require the use of any medication, medical device or monitoring while en route?

\_\_\_\_\_  
Physician's Diagnosis: \_\_\_\_\_

**Physician's authorization:** I hereby certify that the above named individual may be safely transported without medical supervision by a non-emergency convalescent transport vehicle for the reasons stated above on the proposed date and at the proposed departure and arrival times.

\_\_\_\_\_  
(Physician's Signature)

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number and Area Code: \_\_\_\_\_